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TO: Lex Matteini, RS&E, and Susan Pennel, CPNS
FROM: Larry Bye, Field Research Corporation
RE: Insights from Recent Concept Development Research
DATE: May 30, 2008

This memorandum discusses key insights from the recent concept development research. Because of the very short development timeline for the next round of advertising, we have prepared this brief, informal report quickly. It is not based on an extensive analysis of the data that were collected. Instead, we have relied primarily on notes taken at the interviews, a review of the written responses provided by respondents as a result of their homework assignment, and a selected review of the audio and video recordings. It is also not intended to be a comprehensive description of the interviews but rather an attempt to underscore those findings that seem most relevant and potentially useful for current planning purposes.

Please let me know if you have questions or would like additional information. I look forward to discussing the research with you and comparing my thoughts with yours as the planning work moves forward.

I. Background/Objectives

The current Network communications platform has tested well in formative research as well as outcome evaluation studies. As a result, the decision has been made to stick with the approach for next few years.

The approach is one that involves use of a role modeling strategy to influence self-efficacy and normative beliefs i.e. real moms talking to other moms about their experiences in bringing healthy changes to their families and communities. The approach also provides social support for change, the idea that moms “are in this together.”

Looking forward, the key planning question is how to build out the platform for the long haul. How do we articulate and extend it for successive waves of advertising and other communications efforts. The main purpose of concept development research was to explore this question.

Specific study objectives were to explore:

- The relevance of the issue, and degree of motivation to act, given the myriad of other priorities,
- The extent to which action is motivated by concerns about obesity and associated chronic diseases,

Recent Concept Development Research

May 30, 2008

Page 2 of 18

- How low-income mothers view the relationship between recommended increases in fruit and vegetable consumption and disease prevention benefits,
- How mothers view the main barriers to being a change champion in the family environment as well as the steps they have taken to surmount the barriers,
- Whether there is an acceptance that success is equated with the development of specific skills and what they view these skills to be,
- The emotions aroused by the issue and the overall effort to improve the family health environment,
- How the social normative environment is perceived,
- Where and how mothers get signals about societal expectations including the role played by others in the family, peers (other mothers), media, doctors and the government,
- Perceived changes in the normative environment as well as perceptions about the trajectory of change in the next 5-10 years,
- Reactions to the current Network television ads, especially to the believability of the mothers portrayed in the ads, and,
- How all this might differ between the champion and more typical mothers.

II. Methods

Six focus group interviews were conducted, three in Los Angeles and three in Oakland. One interview at each site was conducted with each of the three primary low-income target audiences: African American mothers; Hispanic, Spanish-speaking mothers; and mothers of other (varied) race/ethnic backgrounds.

In order to gather more in-depth data, we organized mini-groups of six respondents each (one group had only four) and spent two hours with them. In order to have adequate time to deal the issues, we focused more on dietary change and less on changes in physical activity practices. A total of 34 respondents participated in the study. All were California mothers of children aged 5-17 years old. The mothers themselves were aged 18-54. All reported family incomes at/below 185% FPL. Many were Food Stamp recipients, at least one-quarter of each group. None had ever previously participated in an in-depth, health-related interview. Each received \$100 as a study incentive.

All potential respondents were screened to ensure that they were thoughtful and articulate about the issues we wanted to explore. To do this, we incorporated a number of questions about family health promotion into our screening process. The questions were all open-ended ones, designed to elicit experiences, beliefs, perceptions and feelings associated with the issues. In addition, a second follow-up interview on the same issues was conducted. At the conclusion of this second interview, the selected mothers were asked to reflect on the issues and complete a short writing

Recent Concept Development Research
May 30, 2008
Page 3 of 18

assignment prior to reporting for the interviews. All of this was intended to further ensure richness in data to be collected.

One interview per audience segment was with “best moms,” those who represent the *Champions for Change* ideal; the other interview was with more typical moms, those who may be contemplating or preparing to adopt the recommended practices but who have not yet done so.

In order to assign prospective respondents to the two respective segments, the mothers were asked a series of questions about family health promotion in the first screening interview. These questions covered a number of different health issues in order to ensure that the mothers remained unaware of our particular interest in healthy eating and physical activity promotion. As a result, we hoped to limit social desirability and over-reporting effects.

Champion moms were those who reported that they engaged in at least four of the following six behaviors:

- Get 30 minutes of activity per day most days in the week,
- Consume 3.5 to 5.0 cups of fruit and vegetables per day,
- Make it easy for children to eat fruit and vegetables every day,
- Make it easy for children to be physically active every day,
- Set limits on unhealthy snack foods in the home,
- Set limits on daily television watching.

In addition, champions had to report that they made a major change in dietary or physical activity practices in the last twelve months. Typical moms were those who reported only one or two of the behaviors **or** none as long as they also reported serious consideration of one or more the family change behaviors (the last four on the above list).

To stimulate our thinking before the interviews, we reviewed literature on social normative and self-efficacy based interventions as well role-modeling and community mobilization strategies. We also conducted an idea generating session with members of the RS&E account and creative teams. All of this work informed the design of the interview guide.

The discussion guide and stimuli used in the research are appended to this memorandum. In addition, I have attached the questions respondents were asked to answer before coming to the interviews as well as the detailed group composition specifications that guided respondent recruitment efforts.

Study Limitations

In addition to the normal reminder about our limited ability to draw population-based generalizations based on focus group data it is important to remember that these study

respondents were asked to give extensive thought to the study topics prior to reporting for the interviews. Thus, their responses should not be thought of as necessarily representative of all low-income mothers. We were comfortable with this limitation due to the study purpose – the development of new concepts for upcoming media and other communications initiatives.

III. Key Insights and Findings

A. From Interviews with Typical Moms

1. Changes Mothers Have Made or Are Thinking of Making

- *In current climate, people know diet is important but have multi-faceted agendas for change, agendas that include far more than increasing f/v consumption. As a result, many may lose focus on the special importance of fruits and vegetables.*

Typical moms are taking a variety of steps to promote family health: cutting back on screen and phone time; having more juice, water and fruit available instead of soda, sweets and unhealthy snacks; looking at labels; controlling what food products are in the house. One Spanish-speaking mom said that she was buying her son smaller shorts. “If I don’t, he’ll just expand to fill them.”

Many report having to “constantly say no” to children – on weekends when they want ice cream or candy, at parties or with friends. Many are also dieting in order to lose weight—one African-American woman lost 35 lbs and is now a committed vegetarian.

2. Issue Relevance/Level of Motivation

- *Although typical moms say it is a high priority, many say they need to be doing more.*

Most typical moms admitted that increasing fruit and vegetable consumption and physical activity is not a top priority. When pressed and given a 10-point rating scale, there was a tendency to rate it as in the 7-8 range. They think that it is important. They think they should be doing it. They want to do it and are “trying” to do it. But, as one mother said, “I could be doing better.”

We heard respondents say things like “I’d like to, but I just can’t” and “I want to stop eating so much, eating so much bread and stop cooking with so much fat! It is a priority but we don’t do it.” High prices, lack of time, lack of skill in cooking vegetables and resistance from family members get in the way.

Another said:

“We have the information even...I mean, I go to WIC and have recipes and everything. We have to have the will to follow through. I used to be able to cook more when I did not work. I have to work now and this has forced me to make other choices.”

Recent Concept Development Research

May 30, 2008

Page 5 of 18

- *For some, there is a sense of impossibility and hopeless that is tied to a desire for perfection.*

For some there is feeling that if they cannot do it 100%, they don't want to do it all. We heard respondents say things like: "I have made changes but they are not enough" and "no matter how much I try to do, it is not enough." One respondent said:

"I should do more. And I feel bad. I am promoting junk food (to my kids), just like my husband has done to me. They will end up also giving it to their kids."

These women clearly perceive a normative influence to promote family health especially among their children. Teaching intelligent decision making and healthy habits is important to almost all mothers. As discussed further in the section below on norms, these norms seem to be deeply culturally imbedded and reinforced now by messages from health professionals and the media coverage of the obesity crisis; peer influences seem to be far less important.

- *For some, the lack of strong motivation is attributed to in-sufficient social support.*

Many respondents pointed to lack of support and encouragement from husbands, other important family members, and peers. This makes it more difficult for mothers to show "will power" and "follow through," language actually used by respondents in the groups. As one respondent recounted: "I would like my husband to encourage me to exercise. But he says, no, let's sit down and watch TV together."

- *Some low-income mothers are worried about other needs e.g. making ends meet and personal safety.*

The recent steep increase in food and gasoline prices only compounds the problems. One Oakland respondent reported that her car was stolen the morning of the interview and is also without a job. Her son tries to buck her up by saying, "keep your chin up, mom." Another said she was far more concerned about her daughter's safety than her diet. A third "wished my kid had a bike and a safe place to ride it."

- *The most highly motivated moms may be those who have obese/overweight or diabetic kids or other family members.*

Although there was no screening requirement in this area, many of the respondents were obese or overweight; some reported that their kids were as well. Some also reported family members with diabetes and other diet-related diseases. These respondents seemed to be most motivated to make significant changes. This group may deserve consideration as a priority audience for upcoming communications initiatives.

3. Disease Prevention Benefits

- *Many low-income moms seem to be motivated by the epidemics of obesity and related diseases.*

Recent Concept Development Research

May 30, 2008

Page 6 of 18

Many are getting the message to make changes from health care professionals and the media. Many are at-risk themselves as are their kids and other family members.

- *There is confusion about how much protection fruits and vegetables confer.*

This may be because other things are also viewed as important e.g. getting the right minerals, having balance and variety, controlling portions, limiting sugar and fat etc. Some are also concerned about chemicals and additives in food. Many want organics but don't believe they can afford them.

- *Fruit and vegetables are viewed as providing benefits other than disease prevention.*

These other benefits include healthy development, better mood and appearance and increased overall wellbeing.

4. Barriers

- *As expected, food prices were a commonly identified barrier.*

It was mentioned over and over again throughout the interviews. One respondent remarked, "I cannot afford to buy any food let alone healthy food with Bush as president." Another said that she "might as well buy prepared foods since they cost no more than the freshest." The data suggest a future emphasis on low-cost ways to eat healthy in addition to a continued focus on the need for changes in the food environment.

- *Lack of time was mentioned by many.*

One respondent remarked, "I feel guilty that I don't have time to prepare healthy meals; the kids have to eat something quick." Another mentioned her own laziness: "I am lazy and buy what is easiest (prepared meals) and this makes me even lazier."

- *Unhealthy and unappetizing school food was viewed as a major barrier by almost all mothers interviewed.*

Complaints about school food were made in all the groups. It is not only viewed as unhealthy; it also conveys the wrong message about how to eat and forces many kids to find even worse substitutes. As one respondent said:

"The kids don't eat at school. The food is totally disgusting. The food is complete junk. Cinnamon sticks for breakfast. The meat is poorly cooked. It's a lot of pizza, hamburgers and burritos."

- *The lack of affordable activities programs for low-income kids is viewed as another big barrier.*

Neighborhoods are often viewed as unsafe. Also, some mothers are not interested in accompanying their kids outside to play:

Recent Concept Development Research

May 30, 2008

Page 7 of 18

“Why don’t I go to the park? I don’t like to be in the park. My kids want me to take them to do exercise but I can’t stand all the kids and noise and dirt. The park is not relaxing. I am happy cleaning my house; this makes me happy. The kids will come home filthy and then I will have more work to do.”

- *Acculturation poses major challenges for many Hispanics.*

Three quotes are representative of this theme:

“Eating out, and other American habits, are like vices. I used to be skinny and then I came to the U.S. My husband takes me out to eat all the time. We don’t eat natural like (we did) in Mexico. We eat hamburgers out. Here, if you are not careful, you get fat.”

“We are always driving instead of walking. In Mexico, I had no choice but to walk. I would like to stop using my car so much.”

“We can’t seem to control the amount of TV we watch (here in the U.S)”

- *Many don’t want to “force them to eat it.*

There is a concern that this won’t work based on their own personal childhood family experiences. If target audience members can learn alternatives to “forcing them to eat it,” it may be possible to surmount this barrier.

- *Not knowing how to cook healthy is another important barrier.*

Some lack skills in how to prepare vegetables in an appetizing way. This is a major challenge since some family members don’t really like vegetables. The champion moms were most likely to have found ingenious ways around this barrier (see below.)

5. Self Efficacy/Skills

- *Almost universally, the mothers agreed that specific skills are involved with family health promotion.*

When asked how they dealt with the barriers to health promotion, they mentioned a variety of skills or strategies they had experimented with and learned. They agreed that health promotion should be thought of as a type of practice, one that requires time, patience, persistence along with trial and error. This suggests new possible content for upcoming Network communications efforts.

- *Even though the typical moms seem to have developed fewer change skills than the champions, they did identify a number of strategies they use to get kids to adopt healthier habits.*

These skills included letting kids pick the veggies, “disguising” veggies in other dishes, watching “food channels” or looking at *Parent* magazine together with kids in order to get

Recent Concept Development Research

May 30, 2008

Page 8 of 18

meal ideas, involving kids in meal preparation and keeping “great looking fruit salads around,” and drawing on effective things their own mothers did.

Some approaches seem less than ideal: embargoing certain food items (“I am cutting down on soda so the ones in the ‘frig are for me—stay away from them!”), threats (“If they don’t eat them, I threaten them with more veggies!”), and bribery.

- *They liked the list of skills used as a discussion stimulus.*

There was broad interest and even enthusiasm for the list of skills we distributed during the course of the interviews. They seemed to hit home and were generally viewed as doable things. As one respondent remarked, “This is what we need”! Others expressed interest in specific items on the list including the substitution of healthier foods for unhealthy ones and mindful eating. When asked if the list was discouraging, almost all the respondents said that it was encouraging.

- *Parenting skills are vital to achieving campaign goals.*

Throughout the interviews we were stuck by how much of what we want to accomplish rests not just on nutrition knowledge but practical skills in the area of motivating children. This suggests a rich area of content that might be incorporated into Network education and communications efforts.

- *There is interest in learning from others.*

There was interest in talking with other mothers and learning from them. This suggests that the Network role modeling strategy is completely on target.

- *Kids may be an ally in the family change effort.*

A number of respondents reported that their kids are interested in the issue; some mentioned that they were prodded by children to adopt healthier practices. Tobacco control activists have effectively harnessed youth energy in the anti-tobacco movement and there may be opportunities for the Network to do so as well.

- *While typical low-income moms may express as surface confidence in their ability to make changes, underneath it there is hesitancy and uncertainty.*

Most described the changes as difficult ones, changes that arouse strong emotions such as guilt, frustration and sadness. When pressed, some said they sometimes lacked the will power and diligence to follow through with all the things they should do and would like to do.

- *Low-income moms dealing with survival issues are probably least likely to have little confidence in their abilities in this area.*

One Oakland respondent in this situation broke into tears (and had to briefly excuse herself from the interview) when the moderator asked the group to talk about positive changes they had made previously in their lives.

6. Associated Emotions

- *The interviews revealed the strong emotions involved in this work.*

Many feel sad and guilty when they have to say no “all the time” and when they fail to model good personal behaviors. Many don’t feel like they are doing enough and this makes them feel like “bad moms.”

As one respondent put it, “I would like to do so much more and I feel so bad.” Another remarked, “It’s on TV, (I am always hearing about) the Food Pyramid...it is so frustrating that I cannot do better.” Yet another put it this way: “I feel good and satisfied when I do things right and, when I don’t, I get worried and concerned.”

- *Many empathize with what obese kids face and perhaps also their own impotence to do something about it.*

Two stories from the Spanish-speaking typical mom group illustrate this:

“I saw some kids making fun of an overweight child. They pushed him over and laughed at him and he was so big he could not even get up. No one would help him. I wanted to stop traffic and help but all the horns were honking at me so I kept going. I have an obese child and it could have been him.”

“I have a neighbor who has a very fat child and he is teased and bullied. The mom is at fault because all he wants to eat is fried chicken every day and she gives it to him.”

7. Social Norms

- *Moms perceive clear societal expectations about what they should be doing.*

Basic cultural norms related to the role of mothers dictate that they play a critical role in ensuring the good health and development of children. This includes diet and nutrition. Media coverage of the childhood obesity epidemic sends reinforcing messages as do the health care system and, increasingly, the schools.

- *Moms are not getting the right signals from their peers, however.*

Other health campaigns that take an explicit normative change approach disseminate messages designed to correct incorrect subjective normative perceptions. Often audience perceptions of what is actually occurring are out of alignment with reality.

That appears to be case with regard to family health promotion efforts. Mothers in the interviews tended to significantly underestimate the proportion of their peers taking specific steps to encourage fruit and vegetable consumption and physical activity in their families (see appended table.) Future communications efforts should seek to build a belief that more and more mothers are taking the Network recommended steps.

- *There is little confidence that general change is moving in the right direction.*

Recent Concept Development Research

May 30, 2008

Page 10 of 18

While some respondents felt changes were taking place (e.g. in the schools, in some families, more mothers talking about it, etc.), there was no consensus that children and families would be healthier in the future.

- *Influential family members often don't provide support.*

This is frustrating and upsetting to some mothers. Although some mothers reported support from family members, husbands are frequently a source of resistance as are grandparents, aunts, uncles and other influential family members.

8. Ownership Campaign Ads

- *The Ownership Campaign ads were very well received by the focus group respondents.*

Many were familiar with the Network commercials, especially the My Kitchen execution. The majority of respondents reported seeing the ads prior to the group interviews. The data suggest that the ads effectively convey the intended messages. Respondents reacted very positively.

- *Respondents generally found the mothers in the ads to be real and believable.*

A minority thought them to be otherwise e.g. some African Americans who said that the women in the My Kitchen ad “looked like they lived in Danville, not Oakland.” They also found the depicted settings somewhat pristine. For these respondents, the ads seemed a little idealistic.

- Many were more enthusiastic about the My Community ad, suggesting that environmental change is important and relevant to them.

As one Los Angeles mother explained:

“Well, that ad had quite an impact on me. After seeing it...I went down to the school and started a war! My kids were always telling me that was food was not healthy or even edible. So, I went to a parents meeting and started a riot! People were for what I was saying. They all felt the same way but had just never said anything. It has made for lots of changes... they starting to do all kinds of new things... This made me feel very empowered.”

Another expressed similar sentiment:

“I am involved with my children's school...with the council and all. But...I have never taken the time to walk in and actually check on what foods are being served. As a parent I did not know that I could do this. Now, I know that I can. It motivates me to do this. It gives me the courage to do it.”

The My Community ad may have had greater appeal because it conveyed a sense that everyone had to become involved in order to solve the problem. It perhaps makes mothers feel less alone in the struggle. It is also less “in-your-face” about their responsibilities at

home, which may have the effect of encouraging those some moms who feel overwhelmed and frustrated about family health promotion.

- *These ads may be a strong source of social support to low income California mothers, reassuring them that they are not alone in their efforts.*

Since the data suggest that many mothers are not experiencing support from their peers, the ads may be playing a vital role in shifting norms. The campaign can hopefully become a powerful catalyst for accelerating normative change.

9. Internet Access and Use

- *Many low-income moms have internet access at home and use the internet at least occasionally.*

Many respondents reported home access and use of the internet. Some used it to access health information while others reported a variety of other uses.

B. From Interviews with Champion Moms

1. Changes Mothers Have Made or Are Thinking of Making

- *Champion moms reported doing many of the same things as typical moms but more of them and more consistently.*

The list included regular walking and dancing with kids; watching fitness shows with kids and joining in; experimenting with various ways to make vegetables taste good for kids; turning meal times into times for family togetherness; cooking with little or no oil; serving chicken rather than red meats; stocking water instead of soda; using only very small amounts of sugar; not baking; and making sure that kids were enrolled in after school programs that provided physical activity.

One mother said that the family now eats early, at 5:30 p.m., and then takes a walk together and has been doing this daily for six months. Another said that they have started to have “partial meals or small salads like the rich.” One added that she bought small plates and served with eating utensils rather than the serving ones.

- *Champion moms seem to be seeking more information and assistance with the issue.*

They are turning to the internet, co-workers, publications (e.g. *Vegetarian Times*) as well as doctors and clinics.

Recent Concept Development Research

May 30, 2008

Page 12 of 18

2. Issue Relevance/Level of Motivation

- *Like typical moms, the champions reported challenges and a need to do more, but most seemed to give the issue higher priority.*

Some indicated that it was “maybe third or fourth on my list when it should be number one” or even that “it is not even on the list since we have so little money.” Most, however, said they think of it daily and were keenly aware of their responsibilities.

One African American champion was clear: “I’d rather starve my son than over-feed him. There is no way I am going to have a fat kid”!

- *As with typical moms, the presence of obesity or disease in the family is the greatest motivator.*

Some of the respondents were overweight and/or had overweight kids. They have been told by doctors to lose weight. This greatly increases the urgency of the issue.

One respondent told the following story:

“My husband is 45 and got a diagnosis of heart disease 4 years ago. He was resistant (at first) but little by little he eats less, smaller portions, less meat. Now his stomach is smaller. The doctor motivated him. I (also) told him said that our daughter would learn from him just like his nephew who was so fat that he would throw up when he walked. (I told him that) our daughter would model his portion sizes. He wanted the fat for the taste, so I started to find other things.”

- *For some, a limited budget makes it a higher priority.*

There was some agreement that limited budgets made the issue a higher priority, a twist on how we usually think of the relationship between income and dietary choices.

- *Media coverage keeps the issue salient for many.*

Respondents referred a number of times to the extent of coverage and the alarming statistics about obesity and its health consequences.

- *Some of the champions exhibit resiliency in the face of acculturation.*

Here is how one Spanish-speaking mother put it:

“(At home in Mexico) I would see fat tourists. Now, I am here and I vowed not to get fat. (There is) no soda. My children are not overweight.”

Recent Concept Development Research

May 30, 2008

Page 13 of 18

3. Disease Prevention Benefits

- *As with typical moms, champions seem to be motivated by disease prevention.*

Many said they were concerned about obesity and chronic diseases, especially diabetes. Disease prevention is not the only motivation for everyone, however. In the words of an African American mother: “I have nothing against big people, but you can’t find good clothes.”

- *Champions see the disease prevention efficacy of fruits and vegetables but view them as part of a broader health regime.*

As with typical moms, this is a long list (e.g. drinking more water and less soda, consuming more brown rice, using less oil, using only olive oil etc.) Fruit and vegetables are just part of the whole healthy eating movement. Many believe that “intake is what is important because you can over-eat fruit and vegetables.” With our narrow focus on fruit and vegetables, it is clear that we have mighty competition from advocates who are focused on other messages.

- *Like the typical moms, champions also think fruit and vegetables are important multiple health reasons.*

Respondents mentioned that they were good for bones and provide minerals, anti-oxidants, energy, nourishment and fiber. They also argued that they help battle cholesterol, increase/improve metabolism and prevent the flu. Fruit was also viewed as “taking away hunger.”

4. Barriers

- *Champions reported mostly the same barriers as typical moms.*

These included the high prices of fruits and vegetables, lack of convenient access to healthy foods and places to be physically active, time pressures driving mothers to convenience foods, resistance to the taste of vegetables and terrible school food.

Other barriers mentioned by champion moms: regular visits by ice cream trucks, junk food vendors nearby schools, negative peer influences from the friends of their children, marketing of unhealthy products and the “bombardment” of video, cable and electronic entertainment.

Others pointed to the challenges of getting children to do anything. “Kids get stubborn...you just have to stick it out,” according to some. Also, “kids are lazy...they need prodding” and “kids can be fussy especially if they have not tried foods before.”

- *As in the typical mom’s groups, the Spanish-speaking champions talked about the challenges of acculturation.*

As one mother stated:

Recent Concept Development Research

May 30, 2008

Page 14 of 18

“In my county of origin it was the lower classes that ate healthy. We couldn’t afford fast food. We walked more, ate what we harvested and drink rice water or orange juice not soda.”

5. Self Efficacy/Skills

- *The champions also responded well to the idea of skills and mentioned many they had developed. Champions seem to have developed a broader array of skills and may deploy them more consistently.*

These included: keeping no soda in house; setting rules for what babysitters can serve or buy; preparing smaller meals or snacks if kids aren’t very hungry; keeping servings small (e.g. cut up one apple for three kids); shopping in season; and substituting homemade fruit drinks for sugary sodas.

Many spoke of the value of involving kids in menu planning, shopping and preparation. In the words of one mother:

“Turn off the media and get the kids to help prepare meals. They love it and it helps everything go faster too. Let them help wash the vegetables. If we can promote family spirit and unity we’ve done something good. One of my kids said to me, ‘maybe I can become a cook or chef when I grow up.’”

- *The idea of being in it for the long haul resonated.*

They stressed the importance of planning, patience, consistency and flexibility. It’s important to allow for occasional lapses and to experiment with new alternatives.

- *The champion moms reactively very positively to our skills list.*

They tended to view the items as relevant and doable. One mother was especially attracted to the idea of eating mindfully, which she defined as “sitting down at the table, turning off the TV and taking one bite at a time and chewing it slowly.” Some expressed interest in classes and events where they could learn more and share ideas

Here are some of the other skills and strategies mentioned by champions:

“My son and I look at cooking magazines and then decide what to make and how to cook it.”

“We all dance. I like to dance with my kids. We dance at home for 20-30 minutes. Then we run, run around in the house.”

“I make my husbands lunch and put in fruit and salads.”

“I get my kids their favorite fruit. (Sometimes) I just cut up celery and a few strawberries that I can afford.”

“I add water to the apple juice to dilute the sugar and stretch it further. My husband always notices as do kids but I do it anyway.”

Recent Concept Development Research

May 30, 2008

Page 15 of 18

“My son has to eat what I cook; this is the rule.”

“I took home Super Size Me and saw how bad McDonalds it is for you. (My kids) just want the toy, so I go and buy the toy, not the food.”

I tried making agreements. My son can pick something else to eat from frig if he wants but I don't keep anything unhealthy in the fridge.

6. Associated Emotions

- *Champions identified many of the same emotions as typical moms.*

One divorced mother worried about the relationship with her son when she had to enforce rules about screen time. Others shared that the efforts were difficult, frustrating, and a big stressor. Many expressed feelings of guilt for not starting health promotion efforts earlier or for being bad role models. One mother said she hid candy in car so that her kids wouldn't see it. Another said, that “sometimes I feel guilty even though I am doing the right thing.”

One reported feeling sad and upset after facing ridicule at a Carl's Junior. Employees had laughed at her, and her children, when they ordered a lettuce wrap up.

Not all the respondents reported emotion or stress. For example, the African American champions groups seem to be facing these issues in a very matter-of-fact manner.

- *Champions shared some positive feelings as well.*

On the positive side, they said that it felt good when they were successful and that it was also “fulfilling and exciting.” Many agreed that “teaching intelligent and smart choices is a good thing”!

7. Social Norms

- *Champion moms perceive the same societal expectations that typical moms do but may perceive them more clearly and strongly.*

As with typical moms, the signals are coming from the media as well as the health care system. According to some of the champions, they are also coming from other professionals such as personal trainers and childcare providers. Some also mentioned the Network ads (unaided) as a source. One respondent remarked that “we are living at a time when everyone is very aware of all this.”

- *As with typical mothers, the champions don't feel much support from peers.*

They underestimated the prevalence of family change efforts just as the typical mothers (see appended table.) They doubted that other parents are doing what they are. They tended to see themselves as far ahead of their peers.

Recent Concept Development Research

May 30, 2008

Page 16 of 18

When presented with the actual data on family change behaviors, they did not seem credible. As one mother said:

“If this were true, prices would be less...more programs would be in place for physical activity and there would be better food in the schools. Kids would be succeeding if this were true.”

- *Many champions also reported lack of support from family members.*

Some reported support, but many reported resistance from husbands, ex-husbands, sisters and parents. One Los Angeles mother reported that “my daughter loves McDonalds and is very good at getting daddy to secretly get her hamburgers without anyone telling mom.”

- *Attitudes were mixed about the speed and trajectories of change but champions seemed a bit more optimistic than typical moms.*

Many perceive lots of change taking place, changes in the health care system, in the schools, in the community. They mentioned nutrition classes and walking clubs now being available in the community and the fact that McDonalds serves salads.

On the other hand, some pointed to the fact that “fat is normal” and the large numbers of overweight parents and kids. They also hear the steady drumbeat of bad news about obesity and diabetes.

Here is how one respondent put it:

“I know a family where everyone eats fast food. In church, I meet others and ask what they are doing. I seek very fat people buying fast food. I speak to them about being healthier. They lack enthusiasm. They are not trying.”

- *The interviews remind us that norms will vary across subcultures.*

As one Los Angeles respondent said “you can’t get tofu in South LA”! There are big class differences and other group differences. This has implications for how norm-changing messages need to be composed and delivered.

8. Ownership Campaign Ads

- *There were no major differences between champion and typical moms with regard to the campaign ads.*

Many were aware of the ads. The message concerning maternal power and responsibility was very clearly communicated and enthusiastically received. The women portrayed in the ads were viewed as credible and real. Also, as with the typical moms, the My Community ad seemed to be received even better than the My Kitchen ad.

Recent Concept Development Research

May 30, 2008

Page 17 of 18

9. Internet Access and Use

- *As with typical moms, many champions reported access to, and use of, the internet. Some reported using it in order to seek information and assistance with our issues.*

As indicated above, there seems to be more help-seeking taking place among the champion moms.

• Addendum

Social Normative Beliefs: Data Comparing What Moms Perceive Other Mothers Are Doing and What Mothers In California Actually Report Doing¹

		Champion Moms Believed/Actual	Typical Moms Believed/Actual
African American	Make it easy for kids to eat fruits and veggies everyday	40/70 (%)	30/70 (%)
	Make it easy for kids to be physically active everyday	50/80	50/80 ²
	Set limits on the amount of TV kids watch everyday	50/70	20/70
	Set limits on the amount of unhealthy foods in home	40/90	30/90
Spanish Speakers	Make it easy for kids to eat fruits and veggies everyday	30/70	25/70
	Make it easy for kids to be physically active everyday	30/80	40/80
	Set limits on the amount of TV kids watch everyday	20/70	25/70
	Set limits on the amount of unhealthy foods in home	15/90	35/90
Mixed/ Other Race Ethnicities	Make it easy for kids to eat fruits and veggies everyday	70/70 ³	40/70
	Make it easy for kids to be physically active everyday	50/80 ⁴	65/80
	Set limits on the amount of TV kids watch everyday	40/70	50/70
	Set limits on the amount of unhealthy foods in home	50/90	70/90

¹ Data on what mothers are actually doing are from Network for a Healthy California 2007 Tracking Survey. For the purpose of the exercise, answers were rounded up from the highest performing, low-income population (Food Stamp Recipients, LIM 185%-130% FPL, LIM ≤ 130% FPL).

² Average may be somewhat misleading. Responses were as low as 5% and 10%.

³ Average may be somewhat misleading. Responses ranged from 20%-100%.

⁴ Average may be somewhat misleading. There were two extreme outliers; 20% and 90%.